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NO. 2306 P. 1/7

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031
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on November 19, 2004
Date

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Signature

FRANCES G. LESTARDO

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09/922048

SS3060USNA

AMENDMENT (4 PAGES)

FEE TRANSMITTAL FORM PTO/SB/17

PETITION FOR EXTENSION OF TIME

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PTO/SB/17 (10-04)
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p>		<p style="text-align: center; font-weight: bold;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/922048</td></tr> <tr><td>Filing Date</td><td>August 03, 2001</td></tr> <tr><td>First Named Inventor</td><td>James Marshall Oathout et. Al.</td></tr> <tr><td>Examiner Name</td><td>AMY B. VANATTA</td></tr> <tr><td>Art Unit</td><td>3765</td></tr> <tr><td>Attorney Docket No.</td><td>SS3060USNA</td></tr> </table>		Application Number	09/922048	Filing Date	August 03, 2001	First Named Inventor	James Marshall Oathout et. Al.	Examiner Name	AMY B. VANATTA	Art Unit	3765	Attorney Docket No.	SS3060USNA
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 10%;">(\$)</td> <td style="width: 60%; text-align: right;">880.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	880.00									
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Deposit Account Number</td><td style="text-align: center;">04-1928</td></tr> <tr><td>Deposit Account Name</td><td>E. I. du Pont de Nemours and Company</td></tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <p style="text-align: center; font-weight: bold;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Deposit Account Number	04-1928	Deposit Account Name	E. 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Date	November 19, 2004														

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